

Request for Military Discharge Papers

(ORS 408.420)

I am requesting access to and _____ regular / certified copy(ies) of the
(number of copies)
military discharge papers for the following person:

Name of Veteran: _____ Year of Discharge: _____

Veteran's Date of Birth: _____ OR last four digits of Social Security Number: _____

Requested by:

Printed Name: _____

Signature: _____

Requestor's

Relationship to Veteran:

- Self
- Spouse
- Legal Guardian to Military Veteran
- Personal Representative to Military Veteran
- County Veteran's Service Officer
- Representative of Department of Veteran's Affairs
- Representative of Licensed Funeral Establishment

Address (Please include City, State and Zip)

Mail Address, if different (Street or P.O. Box, City, State and Zip)

Telephone Number: _____ Email: _____

State of _____

County of _____

This request was acknowledged before me on this _____ day of _____, 20_____
by _____.

Requestor's Name & Title, if applicable.

Notary Public